MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

	SERIAL NO.	FILING DATE
	APPLICANT(S)	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
3		2				
4						
5						
6						
7						
8						
9						
10		1				
11						
12	1					
13		1				
14		2				
15		1				
16		2				
17						
18						
19						
20						
21	1					
22		1				
23		2				
24		2				
25		2				
26						
27		1				
28	1					
29		1				
30		1				
31		3				
32	1					
33		1				
34		2				
35		2				
36						
37		2				
38		2				
39						
40		1				
41	1					
42		1				
43		2				
44		2				
45		2				
46		1				
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	53					
TOTAL CLAIMS	58					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS